

IN THE CIRCUIT COURT IN THE  
FIFTH JUDICIAL CIRCUIT IN AND  
FOR CITRUS COUNTY, FLORIDA

IN RE: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**PETITION FOR INVOLUNTARY EXAMINATION ON EX PARTE ORDER**

The undersigned, \_\_\_\_\_, Petitioner respectfully  
applies for the entry of an ex parte order for involuntary examination,  
pursuant to Chapter 394.463(2)(a)1, of \_\_\_\_\_  
residing at \_\_\_\_\_, at a  
receiving facility for the mentally ill as provided by law and in support of  
my petition would show into the Court that I have personally observed the  
behavior and conduct of \_\_\_\_\_ and I have reason to  
believe that the person appears to meet the following criteria for  
involuntary examination:

- (a) There is reason to believe said person is mentally ill pursuant to Chapter 394.455(18) F.S.  
and
- (b) Said person has refused voluntary examination after conscientious explanation and  
disclosure of the purpose of the examination; and
- (c) Said person is unable to determine for himself whether examination is necessary, and;
- (d) Either (check 1 or 2)

\_\_\_\_\_ 1. Without care or treatment said person is likely to suffer from  
neglect or refuse to care for himself, and such neglect or refusal poses a  
real and present threat of substantial harm to the person's well-being and it is not apparent that such  
harm may be avoided through the help of willing family members or friends or the provision of other  
services; or

\_\_\_\_\_ 2. It is more likely than not that in the near future said person will  
inflict serious, unjustified bodily harm on another person, as evidenced by  
behavior causing, attempting or threatening such harm, including at least  
one incident thereof within 20 days prior to the examination.

My observations on which the above conclusion is based are: \_\_\_\_\_

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I am related to said person as follows: \_\_\_\_\_.

Wherefore, I petition for the entry of an ex parte order for involuntary examination of said person.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_  
County, Florida.

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Notary Public/Deputy Clerk

IN THE CIRCUIT COURT OF THE  
FIFTH JUDICIAL CIRCUIT IN AND  
FOR CITRUS COUNTY, FLORIDA

RE: \_\_\_\_\_

CASE NO:

AFFIDAVIT

I \_\_\_\_\_, Affiant, being duly sworn, hereby state that I have personally observed the behavior and conduct of \_\_\_\_\_  
And I have reason to believe that the person appears to meet the following criteria for involuntary examination;

- (a) There is reason to believe said person is mentally ill pursuant to Chapter 394.455(18)F.S. and
- (b) Said person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; and
- (c) Said person is unable to determine for himself whether examination is necessary, and;
- (d) Either check(1 or 2)

\_\_\_\_\_ 1. Without care of treatment said person is likely to suffer from neglect or refuse to care for himself, and such neglect or refusal poses a real and present threat of substantial harm to the person's well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

\_\_\_\_\_ 2. It is more likely than not that in the near future said person will inflict serious, unjustified bodily harm on another person, as evidenced by behavior causing, attempting, or threatening such harm, including at least one incident thereof within 20 days prior to the examination.

My observations on which the above conclusion is based are: \_\_\_\_\_

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I am related to said person as follows: \_\_\_\_\_

I support a petition for the involuntary examination of said person believed to be mentally ill.

\_\_\_\_\_  
Affiant's Name

\_\_\_\_\_  
Affiant's Address

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Phone Number

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

ANGELA VICK  
Citrus County Clerk of the Circuit Court  
& Comptroller

\_\_\_\_\_  
Notary Public

By: \_\_\_\_\_  
Deputy Clerk

IN THE CIRCUIT COURT OF THE  
FIFTH JUDICIAL CIRCUIT IN AND  
FOR CITRUS COUNTY, FLORIDA

RE: \_\_\_\_\_

CASE NO:

AFFIDAVIT

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And I have reason to believe that the person appears to meet the following criteria for involuntary examination;

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\_\_\_\_ 1. Without care of treatment said person is likely to suffer from neglect or refuse to care for himself, and such neglect or refusal poses a real and present threat of substantial harm to the person's well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

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I support a petition for the involuntary examination of said person believed to be mentally ill.

\_\_\_\_\_  
Affiant's Name

\_\_\_\_\_  
Affiant's Address

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Phone Number

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

ANGELA VICK  
Citrus County Clerk of the Circuit Court  
& Comptroller

\_\_\_\_\_  
Notary Public

By: \_\_\_\_\_  
Deputy Clerk

INFORMATION FOR SHERIFF:

CASE NO: \_\_\_\_\_

NAME (include alias/nickname): \_\_\_\_\_

RACE \_\_\_\_\_

SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

EYES COLOR \_\_\_\_\_

ANY OTHER PHYSICAL DESCRIPTION: List all scars, marks, tattoos, facial hair, missing or capped teeth or any other defining feature. If possible, include a recent photo (color preferred). \_\_\_\_\_

HOME ADDRESS & DIRECTIONS: Must include complete physical address. P.O boxes and route numbers are not acceptable. Examples: S. Hwy 27 or 8<sup>th</sup> Street, Inverness. List home telephone number. \_\_\_\_\_

CURRENT LOCATION & DIRECTIONS (if different from above): Must include complete physical address. \_\_\_\_\_

IS SUBJECT INCARCERATED? \_\_\_\_\_ If yes, where? \_\_\_\_\_

IS SUBJECT HOSPITALIZED? \_\_\_\_\_ If yes, where? \_\_\_\_\_

PLACE OF EMPLOYMENT: Name, physical address, directions, telephone number, occupation and normal working hours. \_\_\_\_\_

VEHICLE DESCRIPTION: Year, make, model and color. \_\_\_\_\_

DOES SUBJECT OWN OR HAVE ACCESS TO ANY TYPE OF FIREARM OR OTHER WEAPON? \_\_\_\_\_

DO YOU (Petitioner) FEEL THAT SUBJECT WOULD USE THE WEAPON(S)? \_\_\_\_\_

IS THE SUBJECT PRONE TO VIOLENCE? \_\_\_\_\_

TO YOUR KNOWLEDGE, IS THE SUBJECT WANTED BY ANY LAW ENFORCEMENT AGENCIES? \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner